Statement of Organization Recipient Committee				Type or print in ink				= =0.25		SIAIEN	MENT OF O	RGANIZATION	
								REC	Stamp/	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	FORNIA ORM	410	
Statement Type		☐ Initial Not yet qualified ☐	or				nination – See Part 5 number:	2013 JUL 3) PM 2		For Official Us	se Only	
	*	Date qualified as cor		# 1286413 06 , 03 Date qualified a		#	of Termination	THE CIT	DE OF Y CLERK PORT-BEA	CH CH		9	
_	0:		THINK CO	(If appl			Treasurer and O						
1.	Committee Information						2. Treasurer and Other Principal Officers						
	NAME OF COMMITTEE						NAME OF TREASURER RAYMOND J. ZARTI	LER					
	NANCY GARDNER, CITY COUNCIL						STREET ADDRESS						
							1970 PORT PROVE	NCE	•				
	STREET ADDRESS (NO P.O. BOX)				parameter de la constanta de l	CITY		STATE	ZIP CODE	AREA	CODE/PHONE	
	323 JASMINE						NEWPORT BEACH		CA	92660	949-7	59-9341	
	CITY		STATE	ZIP CODE	AREA CODE	PHONE	NAME OF ASSISTANT TREAS	SURER, IF ANY					
	CORONA DEL MAR CA 92625 949-673-0706												
	MAILING ADDRESS (IF DIFFERENT)						STREET ADDRESS						
	PO BOX 10901 NEWPORT BEACH, CA 92658						CITY		STATE	ZIP CODE	AREA	CODE/PHONE	
	OPTIONAL: FAX / E-MAIL ADDRESS									¥	*		
	GARDNERNCY@AOL.COM						NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE						
	COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE					ENT	NANCY GARDNER						
							MAILING ADDRESS						
	ORANGE						323 JASMINE						
	Attach additional information on appropriately labeled continuation sheets.						CITY		STATE	ZIP CODE		A CODE/PHONE	
							CORONA DEL MAR		CA	92625	949-6	73-0706	
3. Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify perjury under the laws of the State of California that the foregoing is true and correct. Executed on										ertify under	penalty of		
	Executed on	/ DATE /		SIGNATURE O	OF TREASURER OR AS	SISTANT TREA	ASURER						
	Executed on 7/30//3 By By						SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT						
	Executed on By												
							SIGNATURE OF CONTROLLING O	OFFICEHOLDER, CAND	IDATE, OR STA	ATE MEASURE PRO	PONENT		
	Executed on By						SIGNATURE OF CONTROLLING O	FFICEHOLDER, CAND	IDATE, OR STA	ATE MEASURE PRO	PONENT		